DEC 1 4 2004 SUbject the Paperwork Reduction Act of 1995, no thersons are required to re-

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REVOCATION OF POWER OF ATTORNEY WITH NEW POWER OF ATTORNEY AND

CHANGE OF CORRESPONDENCE ADDRESS

spond to a collection of information uni	ess it displays a valid OMB control number
Application Mumber	10/712,975
Filing Date	November 13, 2003
First Named Inventor	Ivan Osorio
Art Unit	3762
Examiner Name	Jeffrey R. Jastrzab
Attorney Docket Number	11738 00144

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I hereby r	evoke all p	revious powers of	attornev given	in the	above-	identified appli	ication	n	
		ney is submitted he							
OR									
✓ I her	eby appoint	t the practitioners as	ssociated with th	ne Cust	omer N	umber:	(022824	
_		e correspondence a	address for the a	above-i	dentifie	d application to:			
OR OR	The address Customer Nu	associated with umber;		02282	24				
Firm o	or dual Name	Donald R. Schoonover		-					
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City		Nixa		State	Missou	ri	Zip	65714-8771	
Country		USA		<u> </u>			<u> </u>	03/14-0///	
Telephone		(417) 724-2188		Fax (417) 724-2489					
☐ Assi	licant/Invent ignee of rece ement under	tor. ord of the entire inte r 37 CFR 3.73(b) is	erest. See 37 Cl	FR 3.71	I. (SB/96)				
			E of Applicant			of Record			
Signature		Dlles							
Name	Ivan Osorio	, ,							
Date NOTE: Slandly		12/13/04		Tel	lephono	(785) 838-3733			
		fors or assigneds of record o	of the entire Interest or	their repre	esentative(:	s) are required. Submit	multiple	forms if more than or	ne
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This collection of Information is required by 37 CFR 1.36. The Information is required to obtain or retains herofit by the public which is to file (and by the USPTO to process) an application. Confidentiality is governed by 35 U.S.C. 122 and 37 CFR 1.11 and 1.14. This collection is estimated to take 3 minutes to complete, including gathering, preparing, and submitting the completed application form to the USPTO. The will vary depending upon the Individual case. Any commonts on the amount of time you require to complete this form and/or suggestions for returning this burden, should be sent to the Chief Information Officer, U.S. Patent and Tratemark Office, U.S. Department of Commerce, P.O. Box 1450, Alexandria, VA 22313-1450. DO NOT SEND FEES OR COMPLETED FORMS TO THIS ADDRESS. SEND TO: Commissioner for Patents, P.O. Box 1450, Alexandria, VA 22313-1450.

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Examiner Name	Jeffrey R. Jastrzab			
Attorney Docket Number	11738.00144			

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i hereby revoke all p	I hereby revoke all previous powers of attorney given in the above-identified application.						
A Power of Attorney is submitted herewith.							
OR I hereby appoint the practitioners associated with the Customer Number: 022824							
Please change the correspondence address for the above-identified application to: The address associated with Customer Number: 022824 OR							
Firm or Individual Name	Donald R. Schoonover						
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City	Nixa	State Missouri			Zip	65714-8771	
Country	USA	 _	<u></u>		L	63/14-6//1	
Telephone	(417) 724-2188		Fax (4	17) 724-2469			
Applicant/Inventor. Assignee of record of the entire interest. See 37 CFR 3.71. Statement under 37 CFR 3.73(b) is enclosed. (Form PTO/SB/96)							
	SIGNATURE of Applicant	or Assi	ianee of	Basard			
Signature Manu	9 frei		Buce of	Kecoru			
Name Mark G. Frei							
Date 12/13	Telephone I Telephone						
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